

REMARKS

Claims 1-24 are pending. By this Amendment, claims 1-11, 15, 19, 23 and 24 are amended. Support for the amendments may be found in the specification, in the claims as originally filed, and, for example in Figures 1 and 3. The title and abstract are amended hereby. The Summary of the Invention in the specification (See page 4) makes clear that references to vascular access device refer to a device that is a catheter adapter or catheter adjunct.

Rejection under 35 U.S.C. § 102(b)

Claim 23 stands rejected under 35 U.S.C. § 102(b) as being anticipated by Cuppy (US 5,755,709) (“the ‘709 patent”). The Examiner cites portions of the ‘709 patent in regard to the limitations of claim 23. The rejection is respectfully traversed.

Claim 23 has been amended hereby and is believed to be free of the cited ‘709 patent. In particular, claim 23 now recites that the subhousing has a first end and a second and defines a cavity therethrough, the first end rotatably connected to the housing and the second end capable of connection to an IV line, wherein a first part of the subhousing terminates at the first end of the subhousing, a second part of the subhousing terminates at the second end of the subhousing, and the first and second parts of the subhousing are joined at an angle of approximately 90 degrees so that the housing and subhousing together are capable of defining a generally U-shaped structure. Reconsideration and withdrawal of the rejection are respectfully requested.

Rejections under 35 U.S.C. § 103

Claims 1-4, 6-20 and 24 are rejected under 35 U.S.C. § 103 (a) as being unpatentable over the ‘709 patent as applied to claim 23 above, in view of Inman et al (US 4,578,063) (“the ‘063 patent”).

Relative to claim 1, the Examiner admits that the '709 patent does not teach that the subhousing is movably connected at one end to the housing so that the position of the other end of the subhousing relative to the housing can be selectively adjusted within a range of positions. However, the Examiner cites the '063 patent for the disclosure of "a swivel connector between an implant device and an internal body conduit to allow for proper placement of the internal body conduit with respect to the implant device and to the patient's body (column 7, lines 44-45; column 8, lines 36-42)." The Examiner also asserts that it "would have been obvious to apply the swivel joint taught by Inman et al between the subhousing and the housing of the modified device of Cuppy since the swivel joint can have various bends or angles (column 8, lines 39-42) enabling the subhousing to be moved in a direction that is more comfortable for the patient's body." The rejection is respectfully traversed.

The device of the '063 patent does not disclose a swivel joint that could be combined with the '709 patent to obtain the claimed invention. The '063 patent discloses a central venous catheter. The device of the '063 patent is an indwelling device which generally would be installed by a medical doctor, often a surgeon. During the procedure, a connector (labeled 42) allows the doctor/surgeon to swivel the internal body conduit relative to the implant device of the '063 patent. However, the '063 patent makes clear that after the implantation, the materials used in the design and construction of the flange portion of the implant device encourage ingrowth of connective tissue and vascularization. The end result is that the implant device is adhered to the skin in which it was implanted. Clearly, at this point, the inner body conduit portion of the implant device would not be able to rotate around the connector relative to the rest of the implant device. Thus, it is believed that upon implantation, the sole port of the '063 patent will no longer rotate relative to the surface of the skin in which the device is implanted. It is also noted upon installation and prior to ingrowth and vascularization, that rotation around the connector 42 only results in movement of the port of the '063 patent in plane with a patient's skin.

In contrast, the catheter adapter device of claim 1 allows repositioning of the second end of the subhousing relative to the housing. This repositioning may occur after implantation of a catheter and attachment of the catheter adapter of claim 1 to the catheter. Repositioning of the second end allows a medical professional (such as an EMT or a nurse) to move the second end away from a patient's skin in order to install an IV line. Upon installation, the medical professional may then move the second end to a position close to or in contact with the patient's skin thus presenting a lower profile for the catheter adapter device and to secure or further secure the catheter adapter device to the patient. These advantages should be seen as illustrative and not exhaustive. In any event, it is clear that the device of the '063 patent is not a catheter adapter and that one of ordinary skill in the art would not be led to the combination of the '063 patent and the '709 patent in such a way as to arrive at the catheter adapter of claim 1. Reconsideration and withdrawal of the rejection of claim 1 is requested.

Relative to claim 11, the Examiner admits that the '709 patent does not teach that the subhousing is movably connected at one end to the housing so that the position of the other end of the subhousing relative to the housing can be selectively adjusted within a range of positions. However, the Examiner cites the '063 patent for the disclosure of "a swivel connector between an implant device and an internal body conduit to allow for proper placement of the internal body conduit with respect to the implant device and to the patient's body (column 7, lines 44-45; column 8, lines 36-42)". The Examiner also asserts that it "would have been obvious to apply the swivel joint taught by Inman et al between the subhousing and the housing of the modified device of Cuppy since the swivel joint can have various bends or angles (column 8, lines 39-42) enabling the subhousing to be moved in a direction that is more comfortable for the patient's body." The rejection is respectfully traversed.

The '063 patent has been discussed above relative to claim 1. For at least the reason that rotatable feature of the device of the '063 patent cited by the Examiner is designed to be

implanted under the skin of the patient, it would not have been obvious to apply the swivel joint taught by the '063 patent between the subhousing and the housing of the modified device of the '709 patent. Reconsideration and withdrawal of the rejection of claim 11 is requested.

Claims 2-11 depend from claim 1 and claims 12-18 depend from claim 11. For at least this reason, these claims are patentable over the cited combination of the '063 patent and the '709 patent.

In regard to claim 19, the Examiner admits that the '709 patent does not teach that the subhousing is movably connected at one end to the housing so that the position of the other end of the subhousing relative to the housing can be selectively adjusted within a range of positions. However, the Examiner cites the '063 patent for the disclosure of "a swivel connector between an implant device and an internal body conduit to allow for proper placement of the internal body conduit with respect to the implant device and to the patient's body (column 7, lines 44-45; column 8, lines 36-42)". The Examiner also asserts that it "would have been obvious to apply the swivel joint taught by Inman et al between the subhousing and the housing of the modified device of Cuppy since the swivel joint can have various bends or angles (column 8, lines 39-42) enabling the subhousing to be moved in a direction that is more comfortable for the patient's body."

The '063 patent has been discussed above relative to claim 1. For at least the reason that rotatable feature of the device of the '063 patent cited by the Examiner is designed to be implanted under the skin of the patient, it would not have been obvious to apply the swivel joint taught by the '063 patent between the subhousing and the housing of the modified device of the '709 patent. Reconsideration and withdrawal of the rejection of claim 19 is requested.

Claims 20-22 depend from claim 19. For at least this reason, claims 20-22 are patentable over the cited combination of the '063 patent and the '709 patent.

In regard to claim 24, the Examiner admits that the '709 patent does not teach that the subhousing is movably connected at one end to the housing so that the position of the other end of the subhousing relative to the housing can be selectively adjusted within a range of positions. However, the Examiner cites the '063 patent for the disclosure of "a swivel connector between an implant device and an internal body conduit to allow for proper placement of the internal body conduit with respect to the implant device and to the patient's body (column 7, lines 44-45; column 8, lines 36-42)". The Examiner also asserts that it "would have been obvious to apply the swivel joint taught by Inman et al between the subhousing and the housing of the modified device of the '709 patent since the swivel joint can have various bends or angles (column 8, lines 39-42) enabling the subhousing to be moved in a direction that is more comfortable for the patient's body."

The '063 patent has been discussed above relative to claim 1. For at least the reason that rotatable feature of the device of the '063 patent cited by the Examiner is designed to be implanted under the skin of the patient, it would not have been obvious to apply the swivel joint taught by the '063 patent between the subhousing and the housing of the modified device of the '709 patent. Reconsideration and withdrawal of the rejection of claim 24 is requested.

Claim 4 is rejected under 35 U.S.C. §103(a) as being unpatentable over the '709 patent and the '063 patent, as applied to claim 3, and further in view of Black (US 5,092,854).

In regards to claim 4, the Examiner admits that the '709 patent does not teach a swivel joint that provides a 360 degree range of motion. The Examiner further asserts that "Inman et al teaches the application of a swivel connector (column 7, lines 44-45; column 8, lines 36-42)", but that "Inman et al is silent about the range of motion of the swivel joint." The Examiner cites Black for the disclosure of a swivel connector with 360° of motion (column 2, lines 64-68) so that a tip, such as the subhousing, can be oriented in any desired direction (column 1, lines 67-68 to column 2, lines 1-2)." The Examiner then asserts that it "would have been obvious to apply

the swivel connector taught by Inman et al and Black between the subhousing and housing of the '709 patent so that the subhousing can be moved in any direction, within 360" of motion, that is more comfortable for the patient's body based on complete range of motion." The rejection is respectfully traversed.

Claim 4 is dependent on claim 1, which has been shown to be patentable over the base combination of the '063 patent and the '709 patent hereinabove. For at least this reason, claim 4 is patentable over the cited combination. Reconsideration and withdrawal of the rejection of claim 4 is requested.

Claim 5 is rejected under 35 U.S.C. §103(a) as being unpatentable over the '709 patent and the '063 patent, as applied to claim 1 above, and further in view of Ryan (US 5,338,314).

In regards to claim 5, the Examiner admits that the '709 patent does not teach a luer-style connector for securing the housing to the catheter. However, the Examiner asserts that "Ryan teaches that a luer is provided between a Y-connector body and a catheter (column 1, lines 67-68)". The Examiner further asserts that to "a person having ordinary skill in the art, it would have been obvious to apply the luer-style connector taught by Ryan to the modified device of the '709 patent because Ryan teaches that a swivel luer-style connector not only swivel connects a catheter to a housing, but it also provides an effective seal between the catheter and the housing (column 3, lines 35-42)." The rejection is respectfully traversed.

Claim 5 is dependent on claim 1, which has been shown to be patentable over the base combination of the '063 patent and the '709 patent hereinabove. Even assuming the combination of Black with the '063 patent and the '709 patent is correct, the combination of references does not disclose the claimed invention. For at least this reason, claim 5 is patentable over the cited combination. Reconsideration and withdrawal of the rejection of claim 5 is requested.

Claims 21 and 22 are rejected under 35 U.S.C. 103(a) as being unpatentable over the '709 patent and the '063 patent, as applied to claim 19 above, and further in view of Merry et al (US 4,929,235).

In regards to claims 21 and 22, the Examiner admits that the '709 patent does not teach inserting a wire-based treatment device, such as a guide wire, a balloon catheter, or a pressure sensor, through the self-sealing injection port of a catheter adapter and into the vascular system of the patient. The Examiner asserts that Merry et al "teaches that tubes such as balloon catheters can be inserted into the body by way of a self-sealing valve-gasket (column I, lines 7-17).: The Examiner further asserts that "[i]t would have been obvious to insert such a wire-based treatment device as taught by Merry et al through the modified device of the '709 patent since certain medical procedures often require one tube to be inserted into another tube into a vessel with the second tube being sealed at all times (column 1, lines 13-17) to maintain a sterile medical environment)." The rejection is respectfully traversed.

Claims 21 and 22 is dependent on claim 1, which has been shown to be patentable over the base combination of the '063 patent and the '709 patent hereinabove. For at least this reason, claims 21 and 22 are patentable over the cited combination. Reconsideration and withdrawal of the rejection of claims 21 and 22 is requested.

Conclusion

In view of the foregoing, it is submitted that this application is in condition for allowance. Favorable consideration and prompt allowance of the application are respectfully requested.

The Examiner is invited to telephone the undersigned if the Examiner believes it would be useful to advance prosecution.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Paul B. Saveride', written over a horizontal line.

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